### BRIEF OVERVIEW OF HOW THE MEDICAL PLANS COMPARE

All 3 PLANS:	WELLNESS PPO & HMO	WELLNESS HIGH DEDUCTIBLE HEALTH PLAN
<ul> <li>Cover the same types of services</li> <li>2 plans offer the flexibility of in- and out-of-network care</li> <li>Provide greater savings with in-network providers</li> <li>Includes prescription drug coverage with Capital Rx</li> <li>Cover in-network preventive care at 100%</li> <li>Protect you with an out-of-pocket maximum Access to 24/7 online/virtual care</li> </ul>	<ul> <li>Higher premiums</li> <li>Lower deductibles</li> <li>Copays for select services</li> <li>Copays for prescription drugs before the deductible is met</li> </ul>	<ul> <li>Lower premiums</li> <li>Higher deductible</li> <li>Preventive prescription drugs covered at applicable copay prior to deductible (based on drug eligibility)</li> <li>Copays for prescription drugs kick in after the deductible is met.</li> <li>Includes a tax-advantaged health savings account that Kent County contributes into</li> </ul>



## EMPLOYEE CONTRIBUTION COMPARISON (Medical & Rx)

#### 2023 PLAN YEAR Monthly Contributions (Medical & Rx)

2023 [PRIOR YEAR]	Wellness PPO	Wellness HMO	
Employee Only	\$144.82	\$118.43	
Employee + 1	\$304.13	\$275.56	
Family	\$362.06	\$340.84	

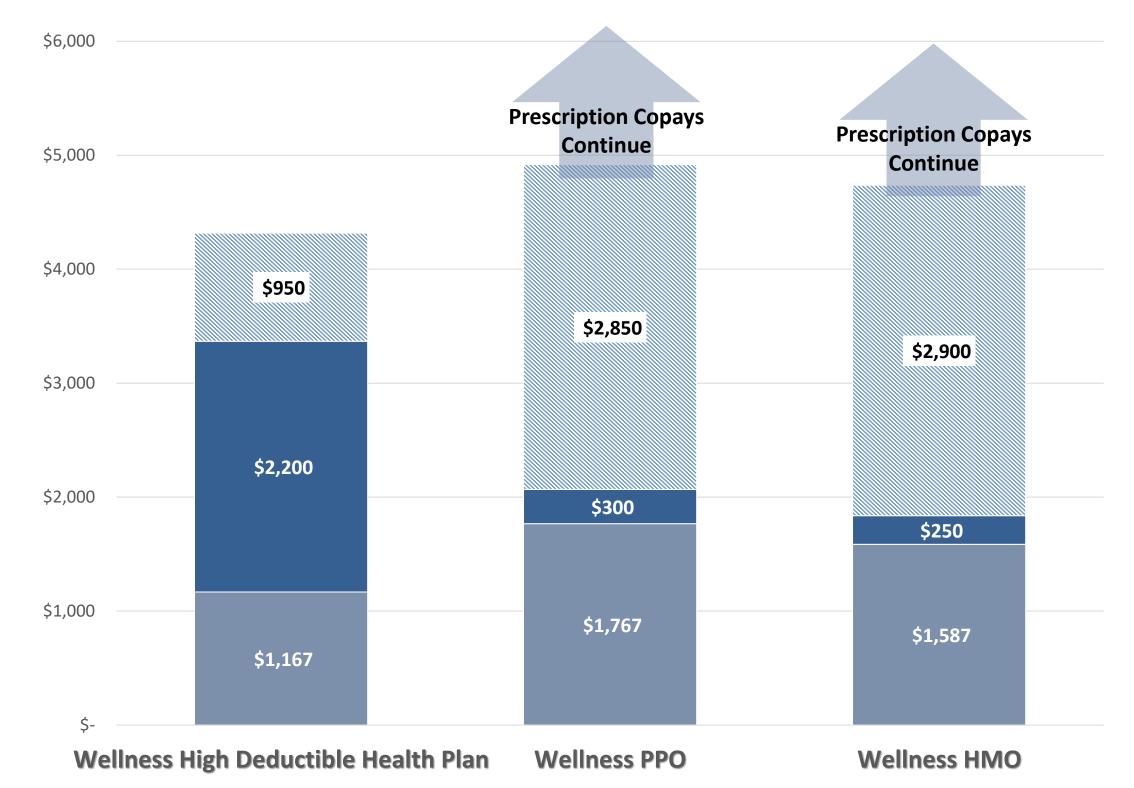
#### **2024 PLAN YEAR Monthly Contributions (Medical & Rx)**

2024	Wellness High Deductible Health Plan	Wellness PPO	Wellness HMO
Employee Only	\$97.25	\$147.28	\$132.21
Employee + 1	\$204.25	\$309.25	\$308.58
Family	\$243.15	\$368.20	\$382.16

### 2024 Might Pay, Must Pay: Employee Only Coverage

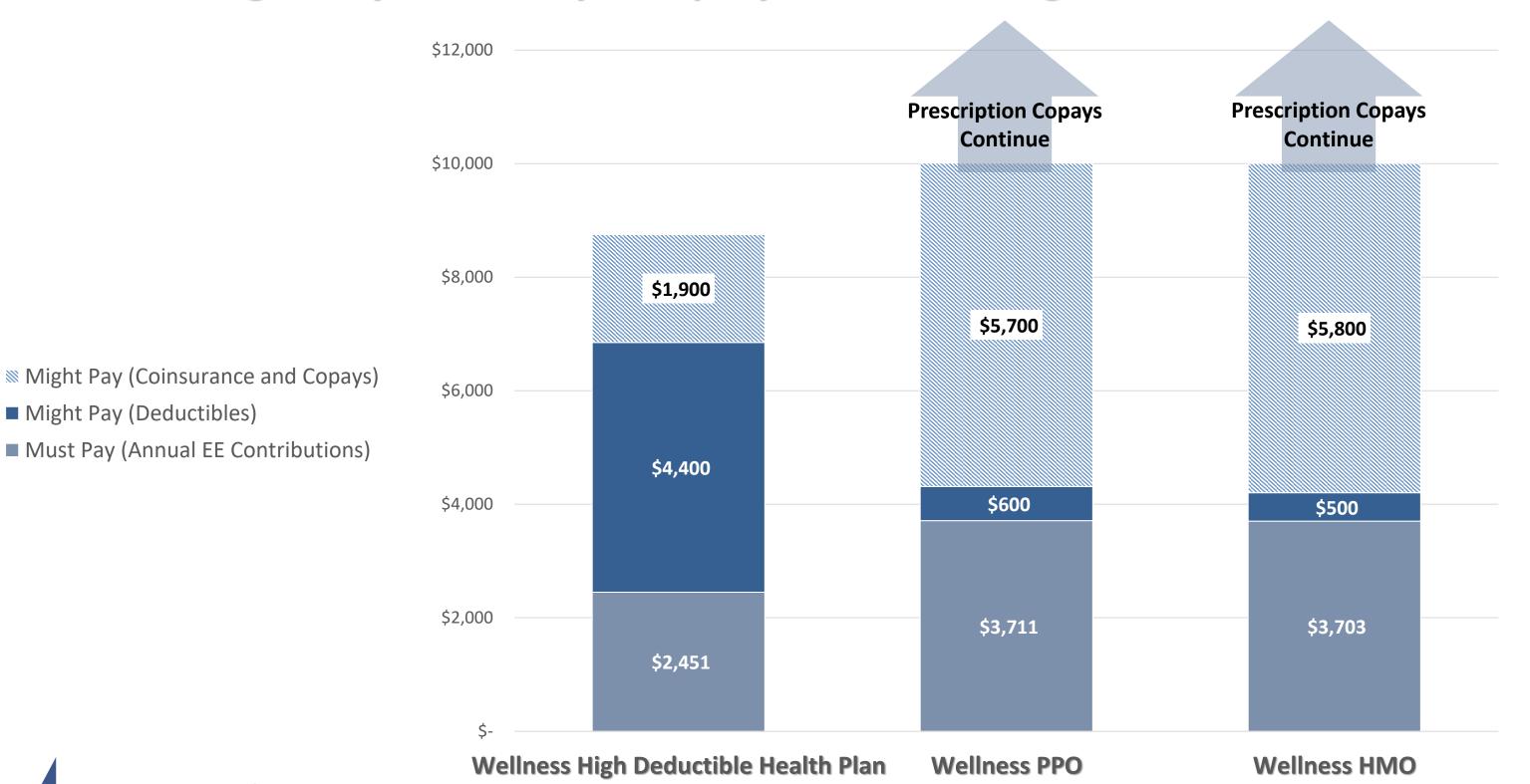


- Might Pay (Deductibles)
- Must Pay (Annual EE Contributions)





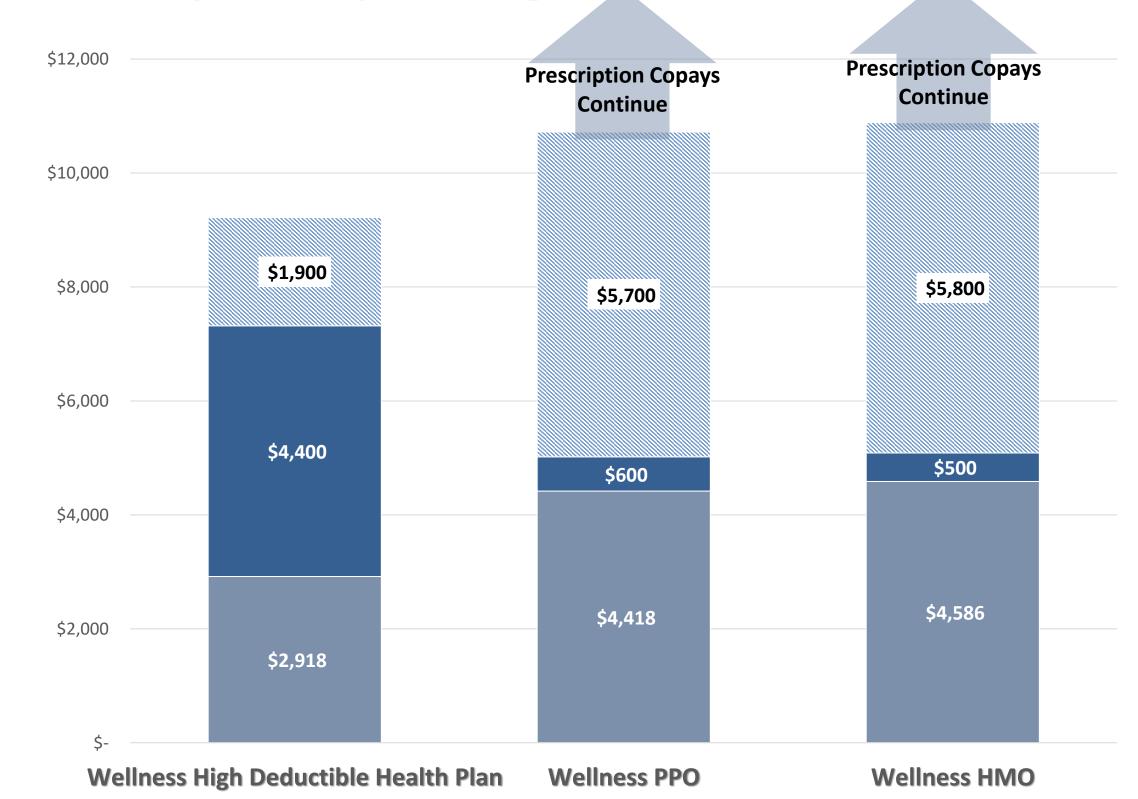
### 2024 Might Pay, Must Pay: Employee + 1 Coverage





■ Might Pay (Deductibles)

# 2024 Might Pay, Must Pay: Family Coverage



Might Pay (Coinsurance and Copays)

■ Might Pay (Deductibles)

■ Must Pay (Annual EE Contributions)

